DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 06-005

MCCS

0 7 MAR 2006

Expires 7 March 2008

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: OTSG/MEDCOM Implementation Plan for Active Component Post-Deployment Health Reassessment Program (PDHRA)

1. References.

a. DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997.

b. 10 USC 1074F, "Medical tracking system for members deployed overseas," November 18, 1997.

c. Joint Chief of Staff memorandum, subject: Updated Procedures for Deployment Health Surveillance and Readiness, February 1, 2002 (MCM-0006-02).

d. Under Secretary of Defense (Personnel & Readiness) memorandum, subject: Enhanced Post-Deployment Health Assessments, April 22, 2003.

e. Deployment Cycle Support (DCS) CONPLAN, May 2, 2003.

f. ASD(HA) memorandum, subject: Policy for Department of Defense Deployment Health Quality Assurance Program, January 9, 2004.

g. ASD(HA) memorandum, subject: Automation of Pre- and Post-Deployment Health Assessment Forms, May 31, 2004.

h. ASD(HA) memorandum, subject: Post-Deployment Health Reassessment (PDHRA), dated March 10, 2005.

i. Memorandum, Department of the Army memorandum, subject: Post Deployment Health Reassessment Implementation Plan, dated January 23, 2006.

j. http://www.PDHealth.mil.

2. Purpose. The purpose of this memorandum is to provide PDHRA Program implementation guidance for Active Component Soldiers. The PDHRA is a global health screen that will assist in identifying health concerns which may arise after Soldiers return from deployment to a combat zone. It will ensure early identification and treatment of emerging mental health and other deployment-related health concerns. Another purpose of the PDHRA program is to educate Soldiers about the normal reactions to abnormal situations they may have experienced while deployed in a combat zone. Honest and full disclosure is encouraged in order to provide the healthcare each Soldier needs and deserves and to ensure the physical and mental readiness of the force.

3. Proponent. The proponency for this policy is shared by the Director of Healthcare Operations, Office of The Surgeon General (OTSG) and the Director, Health Policy and Services Directorate, OTSG.

4. Background. On 10 March 2005, the Assistant Secretary of Defense for Health Affairs directed an extension of the current Post-Deployment Health Assessment (PDHA) program to provide a Post-Deployment Health Reassessment (PDHRA) of global health with a specific emphasis on mental health at three to six months post-deployment from a combat zone. Recent field research indicates that health concerns, particularly those involving mental health, are more frequently identified several months following return from an operational deployment. The PDHRA program will facilitate early identification and treatment of emerging mental health and other deployment-related health concerns. The program follows the currently mandated PDHA program which is administered to Soldiers immediately prior to and following redeployment.

5. Applicability. The PDHRA screening will be given three to six months post-deployment to all Active (AC) and Reserve (RC) Component Soldiers who have re-deployed from a combat zone; to members of both components evacuated from a combat zone three to six months after discharge from an inpatient medical treatment facility, if evacuated from a combat zone; and three to six months from the date of medical evacuation from the combat zone, if never an inpatient. Soldiers who redeployed on or after 10 March 2005 will complete PDHRA screening. Soldiers who redeployed prior to 10 March 2005 are also eligible for screening, if requested by the Soldier. The PDHRA program is part of the Deployment Cycle Support (DCS) Program and, as such, it is the Unit Commander's responsibility to ensure that all Soldiers who meet the criteria are identified and complete the PDHRA screening process. However, Unit Commanders are not responsible for ensuring that Soldiers answer all of the questions on the PDHRA form. The Soldier's responses on the form are voluntary and confidential. Only completion of Section 1 of DD Form 2900 is mandatory. The PDHRA program is a medical screen and the answers given are privileged information. Release of this information to parties who do not have a medical need to know may constitute a violation of the Health Insurance Portability and Accountability Act of 1996.

6. Responsibilities.

a. Director of Healthcare Operations, OTSG:

(1) Provide a Medical Protection System (MEDPROS) program officer.

(2) Assist with operational implementation of medical policy and support associated with the PDHRA screening process for AC, to include electronic documentation in the Army Medical Surveillance Activity (AMSA) and MEDPROS, and execution of screening, evaluation, treatment, care coordination, tracking, and program evaluation.

(3) Assist with the operational implementation of necessary PDHRA training, educational and outreach materials for the following targeted groups:

a. Soldiers who are eligible to complete the PDHRA process
b. Soldiers who have completed the PDHRA process
c. Clinicians who will screen Soldiers
d. Leadership at all levels

(4) Maintain information for Commanders and Soldiers explaining the purpose of the PDHRA as displayed under their respective pages on the "My Medical Readiness Page" on AKO. Ensure appropriate placement of training materials on the AKO website and/or other readily available sites for the widest dissemination of information.

b. The Director, Health Policy and Services Directorate, OTSG:

(1) Provide a program management project officer.

(2) Provide a contracting officer to handle all contractual requirements and funding requirements.

(3) Provide implementation policy and guidance for the AC PDHRA program to include electronic completion of documentation using the Armed Forces Health Longitudinal Technology Application (AHLTA)(formerly known as CHCSII), MEDPROS, or other approved web-based systems for automatic feed to AMSA. The system of care will include execution of screening, evaluation, treatment, care coordination, tracking, and program evaluation.

(4) Coordinate with the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA(M&RA)) in developing reporting metrics and program evaluation criteria, providing monthly reports as directed.

(5) Coordinate with and advocate for the Regional Medical Commands (RMC) to have appropriate resources and command and control structure to ensure completion of PDHRA screening, evaluation, treatment, care coordination, tracking and program evaluation.

(6) Work with RMC/MTF and Installation Management Activity (IMA)/Soldier Readiness Processing (SRP) sites to provide program coordination in scheduling PDHRA screenings.

(7) Assist ASA (M&RA) with staff assistance visits.

c. Chief, Patient Administration Division, OTSG: Ensure policy changes reflected in this document and ASD(HA) Memorandum, subject: Post-Deployment Health Reassessment (PDHRA), dated 10 March 2005 are included in the next revision of AR 40-66, Medical Record Administration and Healthcare Documentation.

d. Army Medical Surveillance Activity, US Army Center for Health Promotion and Preventive Medicine:

(1) Serve as the ultimate data repository for the electronic Form DD 2900.

(2) Operate the Defense Medical Surveillance System (DMSS), an automated information system that provides medical surveillance and epidemiological information.

(3) Provide data and ad hoc reports as requested to policy makers, medical planners, and researchers.

e. RMCs:

(1) Ensure the MTFs within region allocate resources and command and control structure to support the completion of PDHRA screening, evaluation, treatment, care coordination, tracking, and program evaluation.

(2) Review and validate compliance with the PDHRA process in the RMC's area of responsibility. Receive and consolidate reporting metric information monthly from SRP sites, MTFs/clinics and report results to OTSG for monthly reports to ASA (M&RA) (Appendix A).

(3) Ensure all eligible Soldiers assigned or attached to a Community Based Healthcare Organization (CBHCO) complete the PDHRA.

(4) A number of options are available to RMCs and MTFs to support the PDHRA mission. These include Medical Support Units, Retiree Recall, and Individual Ready Reservists. Should these options not be viable, cross-leveling within the RMCs should be explored. When RMC and MTF inherent capabilities are exceeded based on known redeployment schedules, MEDCOM traveling contract teams may be made available (for screening only) for high volume SRP installations. This requirement must be identified a minimum of 90 days in advance.

(5) Ensure contract providers are privileged by a MEDCEN within the RMC and that interfacility credentials transfer briefs (ICTBs) are provided to MTFs at all other installations where the providers will be working.

f. MTF/Clinic Commanders:

(1) Ensure primary care providers are trained to conduct PDHRA screening by reviewing training materials and/or incorporating into existing continuing medical education programs.

(2) Establish the capability and publish the procedures and processes on local installations to screen individual Soldiers via appointments and/or on a walk-in basis at non-SRP site installations, where appropriate.

(3) Ensure Soldiers who screen positive and require referrals from PDHRA screenings are appointed, managed, and tracked for completion. Ensure post-deployment Soldiers receive timely in-house referrals or are referred to the TRICARE network for appropriate evaluation and treatment.

(4) Lessons learned indicate that on installations where there are large troop numbers of deployers, the volume of the program and complexity may require a designated care coordinator. The care coordinator will be responsible for assisting in the referral management process, ensuring continuity of care, and assisting with the integration of supplemental staff for large post-deployment screening.

(5) Ensure all contract providers are privileged. This will be accomplished via an ICTB from the MEDCEN where the provider was initially privileged.

g. Primary Care Providers:

(1) Review training materials (PowerPoint presentation and video) under "My Medical Readiness" within the provider access channel on AKO or on www.pdhealth.mil under PDHRA "education and training".

(2) Familiarize with contents of DD Form 2900. The assessment screening will be conducted in a face-to-face interview by a primary care provider who is a nurse

practitioner, physician assistant, or primary care physician. The encounter and resulting referrals will be documented in the electronic medical record.

(3) All medical referrals will be made in accordance with locally established policies and procedures. The encounter and resulting referral will be documented in the electronic medical record. A hardcopy of DD Form 2900 will be placed in the Soldier's medical record.

h. Behavioral Health Providers: Assist in conducting Battlemind II training (paragraph 9.a below) and help establish procedures to ensure that Soldiers referred for behavioral health concerns from the PDHRA process are evaluated and treated.

i. Hospital Chaplains: Assist in conducting Battlemind II training.

7. Procedures.

a. Soldier completion of the PDHRA DD Form 2900. Each Soldier in the eligibility window (90-180 days after re-deployment) will complete the PDHRA form electronically in MEDPROS or from an external location via AKO. Completion of the demographics section of the PDHRA form followed by an interview with a qualified healthcare professional constitutes fulfillment of the PDHRA requirement, since health disclosure is voluntary. Based on the Soldier's responses, the healthcare provider will check the appropriate box in the "Assessment and Referral" section, items # 5 and 6, provide comments in # 7, and include their name and signature in # 8. The PDHRA screening is a healthcare encounter and will be conducted in a face-to-face interview by a healthcare provider. Therefore, each Soldier has the right to patient confidentiality. There will be no negative consequences for Soldiers who decline to answer medical questions on the PDHRA form.

b. PDHRA Assessment. A primary care provider who is a nurse practitioner, physician assistant, or physician will review and discuss each Soldier's answers individually with the Soldier. This interview will be conducted face-to-face. To the extent possible, this interview will occur in an established clinical setting where patient privacy and clinical referrals are optimally addressed as part of existing clinical procedures. This assessment is designed to be a screening tool for referral. It is not meant to be a mental health evaluation as defined by DoD Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces.

c. Workload Calculation. PDHRA visits conducted in an established clinical/SRP setting by a privileged provider are eligible for workload credit IAW established Army Medical Expense and Performance Reporting System (MEPRS) Functional Policy and Guidance for FY04 addressing Pre- and Post-Deployment Health Assessments.

(1) Diagnosis Codes. All PDHRA encounters shall be coded with the deployment-related diagnosis code V70.5_6 as the first diagnosis and the condition listed as a secondary diagnosis (if patient has an actual illness or condition). Use of code V70.5_6 for deployment-related visits and conditions assists in the management and tracking of deployment-related healthcare provided to Soldiers. Subsequent deployment-related referrals should also be coded with V70.5_6 as the first listed diagnosis.

(2) E&M Procedure Codes. All PDHRA encounters shall be coded with the preventive medicine screening codes (E&M codes 99401-99404) which are based on time spent in one-on-one patient contact. E&M code 99401 reflects approximately 15 minutes of time spent and will be the most common code utilized.

(3) MEPRS Codes. All PDHRA encounters performed at SRP sites shall be identified by the MEPRS Functional Cost Code of BHA2.

d. Disposition. The healthcare professional conducting the screening assessment will determine one of three dispositions for each Soldier:

(1) Immediate medical referral for an urgent medical concern

(2) Non-immediate referral to a primary care provider, to a behavioral health provider, specialty care provider, or other non-clinical sources of support, or

(3) No referral is necessary at that time.

e. Immediate medical referrals will be made in accordance with locally established procedures. All Soldiers requiring immediate referral will be tracked by local care coordination procedures.

f. Soldiers requiring non-immediate referral to primary care, behavioral health, or specialty care will receive an appointment for evaluation or information on how to obtain the appointment. These Soldiers will be tracked by local care coordination procedures to ensure that they were able to access healthcare referrals according to TRICARE standards.

g. Battlemind II training is part of the PDHRA process in the DCS plan. This training should be conducted in small (platoon-size) groups to encourage discussion, and in addition Soldiers will be provided a Battlemind brochure for future reference (http://www.armyg1.army.mil/hr). Soldiers may view Battlemind Training under "My Medical Readiness" on AKO at locations where small group training is not possible.

h. PDHRA Status Access. Commanders and staff will have access to their Soldiers' PDHRA completion status via the MEDPROS medical readiness command drilldown, and the individual PDHRA Reporting Module. Soldiers will receive AKO alert notifications in

green, amber, and red in the "My Medical Readiness" portion of their individual AKO account based on their Post Deployment Health Assessment, DD Form 2796 completion date. The target is to screen all Soldiers between 90 and 180 days post-deployment. Soldiers will register green for the first 1-89 days following PDHA completion. Soldiers will register amber between 90 and 180 days following PDHA completion, until the PDHRA is completed. Soldiers will register red at greater than 180 days following PDHA completion, until the PDHRA is completed (see Appendix B).

i. MEDPROS PDHRA Store and Forward. The MEDPROS PDHRA Store and Forward is a stand-alone data collection tool designed for locations with little or no connectivity to the Internet. Once Internet connectivity is available, the PDHRA forms completed using this program may be synched to MEDPROS using AKO Authentication procedures built into the program. The MEDPROS PDHRA Store and Forward program and instructions are currently available and can be downloaded from the MEDPROS Web Data Entry (MWDE) site. Link to the MWDE site at: https://apps.mods.army.mil/mwde. After logging in and selecting a location, click the menu tab on far left and then click on Store and Forward.

j. MEDPROS Online PDHRA Form. An on-line PDHRA Web-based form (DD Form 2900) will be available (date pending) via link from AKO to the MWDE site.

k. MEDPROS PDHRA Web Reporting. MEDPROS PDHRA Web Reporting is a tool designed to provide commanders and healthcare professionals with a web-based report that can be tailored to assess PDHRA compliance for their supported Soldiers. By-name reports can be generated for an Individual (SSN), a Unit (UIC), or Task Forces and include summaries that measure PDHRA compliance. MEDPROS PDHRA Web Reporting can be accessed using the following URL: https://apps.mods.army.mil/medpros. Click on the "Deployment Health Assessments" button at the bottom of the MEDPROS Dashboard, then select "PDHRA Reporting Options" from the next screen. If you do not have access to MEDPROS Web Reporting, you will be asked to complete a simple web-based registration when you click "Login to MEDPROS" at the top of the screen.

l. In the future, PDHRA data will be housed on the DoD enterprise-wide solution, AHLTA. Full deployment of this global health record system in DoD's 800 clinics and 70 hospitals will be complete by December 2006. Referrals will be documented in the electronic medical record.

8. Training.

a. Providers – A video and provider briefing with transcript are available on AKO under "My Medical Readiness" within the provider access channel, or on

www.pdhealth.mil under PDHRA "education and training". These training resources explain the importance of PDHRA as servicemen and women return from combat. To ensure the health of the force around the world, DoD monitors and develops health initiatives that address the latest needs facing servicemembers. The provider briefing explains the correlation between PDHRA and PDHA. Furthermore, the briefing explains the DD Form 2900 in detail and explains the provider role in the PDHRA process, allowing the clinician to gain a greater understanding for a more effective screen.

b. Soldiers – Soldiers will be instructed to complete the mandatory demographic portion on page 1 of the DD Form 2900. Completion of pages 2 and 3 is voluntary. Page 4 is to be completed by the healthcare provider only. The PDHRA is for the sole benefit of the Soldier. Soldiers should be informed that the program has been established to address their health concerns, initiate a referral if needed, provide them with information on topics that affect their health and welfare, allow updated medical information/status, and educate the Soldier on how to care for their fellow Soldiers.

c. Commanders – Commanders will be instructed on the purpose and process of PDHRA by accessing the appropriate page under "My Medical Readiness" on AKO.

9. Education materials (Battlemind II Training). The goal is that all Soldiers receive Battlemind II Training as part of the PDHRA screening process. The post-deployment Battlemind training focuses on transitioning from combat to home. Materials to conduct this training can be found at (http://www.armyg1.army.mil/hr/dcs.asp in Appendix C, Reconstitution Phase Tasks. Battlemind II training is designed to be given at 3-6 months post-deployment as part of the PDHRA process. As part of Battlemind II post-deployment training, Soldiers may conduct their own "Battlemind Check" of themselves as well as that of their buddies, allowing them to know when to seek help. The training ends by addressing those barriers which prevent Soldiers from seeking help. The Battlemind II training is designed to be given in small groups to encourage interaction and discussion, requiring approximately 45 minutes to complete. The training should be given by behavioral health personnel, chaplains, or other personnel (e.g., senior NCOs), who are familiar with behavioral health issues and the referral process, preferably persons who have had deployment experience.

10. Funding. To every extent possible, PDHRA screening will be accomplished using existing resources, infrastructure, and staffing. MEDCOM MSCs will track the incremental costs and workload of this program above baseline as a GWOT expense IAW HQDA and MEDCOM GWOT funding guidance. The validated incremental cost of this requirement above historic baseline will be supported through supplemental funding and offsets. The MEDCOM will prepare and submit the supplemental funding request for Defense Health Program (DHP) requirements to ASD (HA). Funding requests for non-DHP requirements will be submitted through MEDCOM to ASA(M&RA) for inclusion in Army's supplemental funding request. ASA(M&RA) will submit a consolidated requirement to SAFM-BUC-I for inclusion in Army's supplemental funding request.

11. POC is COL Ellen Forster at DSN 761-3154 or commercial (703) 681-3154 or ellen.forster@us.army.mil.

FOR THE COMMANDER:

William H. Thresher
Chief of Staff

APPENDIX A

Reporting Metrics

PDHRA DD 2900
MONTHLY METRICS REPORT

FROM: _____

MONTH	ESTIMATED ELIGIBLE	MONTHLY FIGURES			Mental Behavioral Health			Primary Care			Specialty Care			Emergent Care	
as of date	Soldiers	Screened	Referred	%Total Referred	Referred	Percent	Referrals Complete	Referred	Percent	Referrals Complete	Referred	Percent	Referrals Complete	Referred	Percent
15Nov05	(A)11,298	(B) 2016	(C) 779	(D)38.64%	(E) 279	13 84%	(F) 126	(G) 236	11 71%	(H) 120	(I) 138	6 85%	(J) 3	(K) 7	0 35%
15Dec05	12,808	17	14	82 35%	1	5 88%	102	3	17 65%	65	9	52 94%	75	0	0 00%
15Jan06	12,105	828	336	40 58%	195	23 55%	210	59	7 13%	90	50	6 04%	60	2	0 24%
15Feb06															
15Mar06															
15Apr06															
15May06															
15Jun06															
15Jul06															
15Aug06															
15Sep06															
15Oct06															
TOTALS		2,861	(L) 1,129		475		438	298		275	197		138	9	
REFERRAL PERCENTAGE=				39 46%		16 60%	92 21%		10 42%	92 28%		6 89%	70 05%		0 31%

This report must be completed and forwarded to OTSG ATTN: COL Bruce Cornelison by the 21st of each month.

A. Estimated Eligible Soldiers - Based on PDHA (DD 2796) completion date of redeployed Soldiers since 10 March 05.
B. Monthly (Screened) - Number of Soldiers screened throughout the current month.
C. Monthly (Referred) - Number of Soldiers referred throughout the current month for all referral types (those listed here plus all others ie. Chaplain, Health Promotion, Community Service, Military OneSource and Substance Abuse).
D. Monthly percent of cumulative referrals.
E. Mental/Behavioral Health (Referred) - Number of PDHRA screened Soldiers referred for Mental Behavioral Health throughout the current month.
F. Mental/Behavioral Health (Referrals Complete) - Number of PDHRA referrals completed for Mental Behavioral Health throughout the current month.
G. Primary Care (Referred) - Number of PDHRA screened Soldiers referred for Primary Care throughout the current month.
H. Primary Care (Referrals Complete) - Number of PDHRA referrals completed for Primary Care throughout the current month.
I. Specialty Care (Referred) - Number of PDHRA screened Soldiers referred for Specialty Care throughout the current month.
J. Specialty Care (Referrals Complete) - Number of PDHRA referrals completed for Specialty Care throughout the current month.
K. Emergent Care (Referred) - Number of PDHRA screened Soldiers referred for Emergent Care throughout the current month.
L. Total Referrals - Cumulative number of all referral types.

Appendix B

AKO PDHRA Stoplight Descriptions
My Medical Readiness

Active Component

- Form has been completed – **GREEN**
  - According to the Medical Protection System (MEDPROS), your Post Deployment Health Reassessment (PDHRA) was completed on MM/DD/YEAR. If you have not been screened by a healthcare provider, please contact your chain of command for further PDHRA screening information.

- PDHA AFTER March 2005 but not in the PDHRA Window – **GREEN**
  - Your Post Deployment Health Reassessment (PDHRA) eligibility window is 1/26/2006 – 4/26/2006 based on your Post Deployment Health Assessment (PDHA) date. Once you are inside your window, your chain of command will provide you with further PDHRA screening information.

- PDHA BEFORE March 2005 – **GREEN**
  - Based on your Post Deployment Health Assessment (PDHA) date, completion of the Post Deployment Health Reassessment (PDHRA) is optional. If you desire to conduct this health screening, contact your chain of command.

- In the PDHRA Window and form not completed – AMBER
  - Your Post Deployment Health Reassessment (PDHRA) eligibility window is 1/26/2006 – 4/26/2006 based on your Post Deployment Health Assessment (PDHA) date. Your chain of command will provide you with further PDHRA screening information. In order to provide the most accurate information, complete the form within 5 days of your scheduled face-to-face screening appointment.

- Outside the PDHRA Window and form not completed – **RED**
  - Your Post Deployment Health Reassessment (PDHRA) eligibility window was 1/26/2006 – 4/26/2006 based on your Post Deployment Health Assessment (PDHA) date. Contact your chain of command for further PDHRA screening information. In order to provide the most accurate information, complete the form within 5 days of your scheduled face-to-face screening appointment.